

REPORT TO THE TWENTY-FIFTH LEGISLATURE
STATE OF HAWAII
2009

PURSUANT TO SECTION 2, ACT 264, SESSION LAWS OF HAWAII 2007, REQUIRING
THE DEPARTMENT OF HEALTH AND THE UNIVERSITY OF HAWAII TO PREPARE A
DETAILED ACCOUNTING OF ALL REVENUES AND EXPENDITURES OF THE HAWAII
TOBACCO SETTLEMENT SPECIAL FUND

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
TOBACCO SETTLEMENT PROJECT
THE HEALTHY HAWAII INITIATIVE

December 2008

An Overview of the Department of Health Tobacco Settlement Special Fund

Tobacco Settlement Special Fund

Hawaii was one of 46 states and several U.S. Territories that settled a multi-billion dollar lawsuit against the five largest tobacco manufacturers in the United States under the "Master Settlement Agreement" (MSA) in November 1998. Among its many provisions, the MSA obligates the tobacco manufacturers to pay substantial sums to the settling states annually. The MSA payments are subject to certain nationally calculated adjustments, reductions and offsets that apply to each year's payment.

Act 304, SLH 1999 created the Tobacco Settlement Special Fund (TSSF) to receive and hold Hawaii's tobacco settlement revenue payments. In addition, Act 304 placed the special fund under the purview of the Department of Health (DOH) and outlined how the tobacco settlement money was to be directed. Codified as Chapter 328L, HRS, the statute has been amended five times since its inception and now specifies that the TSSF be allocated as follows:

- ❖ 24.5% to the Emergency and Budget Reserve Fund;
- ❖ 35.0% to the Department of Health for health promotion and disease prevention programs, with up to 10% of total revenue to the Department of Human Services for children's health insurance programs ;
- ❖ 12.5% to the Tobacco Prevention and Control Trust Fund;
- ❖ 28.0% to the University Revenue-undertakings Fund for the University of Hawaii to pay debt service on revenue bonds to support the construction of a university health and wellness center, including its new medical school facility in Kakaako. Act 264, SLH 2007 amended HRS§328L-2(b)(4) so the TSSF could also be used for the annual operating expenses incurred by the new medical school facility, provided that any moneys in excess shall be transferred to the Emergency and Reserve Fund (80%) and the Trust Fund (20%). The amendment which took effect on July 1, 2007 sunsets on June 30, 2011.

Tobacco settlement payments, initially disbursed twice a year, in January and April, are now disbursed once a year in April. Actual payment amounts have been lower than the estimated, projected revenues by 12%-18% due to the adjustments, reductions and offsets per the MSA terms. The FY 2008 figures are provided below by allocation areas and their net receipts. From 2008 to 2017, Hawaii will receive an increase in funds since it contributed towards the resolution of the state lawsuits against the tobacco industries. The increase is referred to as the "Strategic Contribution" in the MSA.

FY 2008 Actual Receipt: \$55,712,799.06 ¹				
	<u>Prog #</u>	<u>%</u>	<u>Assessments²</u>	<u>Net</u>
Emergency & Budget Reserve Fund (aka Rainy Day Fund)	000411	24.5%	851,055	12,798,581
DOH (programs only)	000412	25.0%	868,423	13,059,776
DHS (available for S-CHIP)	000413	10.0%	347,369	5,223,911
Tobacco Prevention & Control Trust Fund	000414	12.5%	434,212	6,529,888
University Revenue-undertakings Fund (to UH)	000436	28.0%	<u>972,634</u>	<u>14,626,950</u>
		100.0%	<u>3,473,693</u>	<u>52,239,106</u>

In FY08 the UHJABSOM allocation was \$14,262,950, of which \$9,924,756 was used for debt service, \$3,512,688 used for annual operating expenses of the new medical school facility and the remainder of \$1,189,505 was returned to the DOH and transferred to the Rainy Day Fund and the Trust Fund; \$951,605 and \$237,901, respectively.

¹ Less \$350,000 to Attorney General

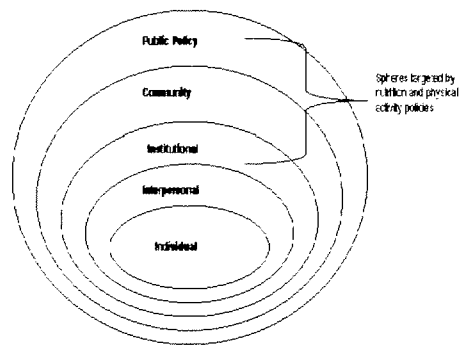
² Less 5% Central Service Assessment Fee and 1.3% Departmental Administrative Assessment

Healthy Hawaii Initiative

The DOH receives a net 25% of the tobacco settlement money statutorily for health promotion and disease prevention-oriented public health programs. Using its allocation of tobacco settlement funds, the Healthy Hawaii Initiative (HHI) was created by the DOH to prevent and reduce the personal and societal burden of chronic diseases, such as diabetes, heart disease, and cancer. HHI uses a social-ecological approach (Figure 1), which is a multi-level, multi-faceted strategy to target the three major risk-associated behaviors that contribute to chronic disease: tobacco use, poor nutrition, and physical inactivity.

Social-Ecological Model

This theoretical model takes a broad view of behavior and works from the premise that “understanding health promotion includes not only educational activities but also advocacy, organizational change efforts, policy development, economic supports, environmental change and multi-method strategies”. This ecological perspective highlights the importance of approaching public health problems at multiple levels and stressing interaction and integration of factors within and across levels. The levels of influence within the social-ecological model include



1. *Individual*: awareness, knowledge, values, beliefs, attitudes, preferences
2. *Interpersonal*: family, friends, peers that provide social support and identity
3. *Institutional/Organizational*: rules, policies, procedures, environment and informal structures within an organization or system
4. *Community*: social networks, norms, standards and practices among organizations

Figure 1. A Social-Ecological Model for nutrition evaluation: spheres of influence. From McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q* 1988; 15:351-377.

Progress Report on the Healthy Hawaii Initiative

HHI is divided into five interrelated components areas which are: (I) coordinated school health; (II) community-based initiatives; (III) public and professional education; (IV) Nutrition Education Network; and (V) surveillance, assessment, evaluation, and research. Since FY 2007 HHI implemented the Nutrition Education Network (NEN) through participation in the United States Department of Agriculture (USDA) Food Stamp Nutrition Education (FSNE) program to address the nutrition and physical activity education needs of Hawaii's food stamp eligible population. This federal reimbursement program is now known as SNAPed in conjunction of the renaming of the Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP). HHI provides funding to the Tobacco Prevention and Education Program (TPEP) in the Community Health Division and the Alcohol and Drug Abuse Division (ADAD) for tobacco prevention and control.

The framework of HHI is based on the body of evidence that indicates interventions need to rise beyond the individual level and that environmental, policy and systems changes are required to reintegrate physical activity and healthy eating into daily living. The option of walking, bicycling, of using stairs and having healthy food choices need to be accessible and reestablished as part of daily expectations in communities where people live, work and play.

There is still much to do and learn in improving the outcomes in health behaviors that are preventive. HHI relies on the Behavioral Risk Factor Surveillance Study (BRFSS) for adults and Youth Risk Behavior Survey (YRBS) for middle and high school students to measure long term outcomes. The BRFSS is conducted yearly. The YRBS is conducted biannually and 2007 is the latest data available.

Hawaii continues to have one of the lowest adult overweight and obesity rates in the nation at 35.1% and 21.7% respectively. Though this is a slight increase from 2006, the trend in adult weight seems to be stabilizing and not rapidly climbing. In 2007 youth (public high schools) overweight was 14.3% and obesity was 15.6%. The youth overweight rate did not change significantly from 1999 to 2007. Youth surveyed in 2007 showed an increase in obesity when compared to 1999 results (10.5%).

Fifty-one percent of adults in 2007 reported meeting the national recommendations for physical activity, a slight increase from 2003 (49.8%). There has been a steady increase from 1999 to 2006 in adults reporting leisure time physical activity, and Hawaii's prevalence of 82% (2007) has met the national Healthy People 2010 objectives of 80%. The physical activity recommendations for youth have been updated. When applying the old recommendations, 64% of youth met the recommendations, but with the new interpretation, only 30% in 2005 were meeting the new recommendations. However, in 2007, 34.3% of youth met the new physical activity recommendations.

In 2007, 28.7% of adults reported consuming five or more servings of fruits and vegetables a day compared to 20% in 2002. Only 17.2% of youth reported eating five or more servings of fruit and vegetable in 2007.

In 2007, Hawaii had the eighth lowest adult smoking rate at 17%. Hawaii's youth smoking rates have dropped from 16.4% in 2005 to 12.8% in 2007. This exceeds the national Healthy People 2010 objective of 16%.

This report contains a synopsis of the accomplishments of HHI from July 2007 to June 2008. Also included are projected activities for the remainder of FY 2009.

I. Coordinated School Health

Schools have been identified as the most important single institution with potential to improve educational and health outcomes for young people. As a result, HHI has formed a partnership with the Department of Education (DOE), the University of Hawaii (UH), and other external partners. The partnership has made advances in creating policy, environmental and systems changes that will impact all of Hawaii's school children and youth.

The HHI funding to the DOE is used to provide state and district level resource teachers who help schools implement standards based health education, physical education and have a coordinated approach to school health. These experts in DOE work closely with DOH and other partners to develop and provide professional development opportunities, resources and guidance to support classroom teachers, principals, administrators and other school staff who can influence the daily health behaviors of the school-aged population. Moreover, the partners have developed Wellness Guidelines which affect all public schools. These guidelines include standards for nutrition education, food and beverages, physical activity & physical education. The following are accomplishments of the HHI supported coordinated school health efforts:

- ❖ From 2003 to December 2008 faculty from all 255 regular public schools, 21 of 27 charter schools, and 30 private schools received professional development training funded through the DOH HHI. Additionally faculty, administrators and staff from 15 district offices, 5 community schools, 31 community organizations and 2 universities received training in standards-based health education (HE), physical education (PE), school food service, nutrition education, and/or the Wellness Guidelines.
- ❖ In all, over 10,000 participants were trained in HE and PE from 2003 to 2008.
- ❖ The DOH-DOE Wellness Team was created and in late 2007 and has been providing professional development and fulfilling in-service training requests on the Wellness Guidelines. A series of 8 district workshops were held in Spring 2008 to assist schools on implementing the multiple components of the Wellness Guidelines. A Wellness Guideline toolkit was created to provide ongoing support for schools (<http://doe.k12.hi.us/foodservice/toolkit/>).

- ❖ As a result of the Wellness Guidelines, a majority of public schools have established school wellness committees. These committees will help ensure the rollout of the 4-year implementation of the Wellness Guidelines (full implementation due by July 2011).
- ❖ Nutrition education and food service professional development courses were created and implemented through a partnership with Kapiolani Community College, DOE and DOH. These courses will be offered annually each summer, and will also expand to the neighbor islands through the University of Hawaii community college system.
- ❖ This same partnership supported the creation of whole grain recipes for school meals and the necessary training of school bakers to utilize these new recipes. Recipes include whole grain rolls, pizza dough, cinnamon rolls, French bread, banana muffins, plain muffins, and cookies.
- ❖ The School Health Survey Committee of the DOE-DOH-UH works collaboratively to assess key school-level health-related indicators, coordinate school surveys, establish standard survey language and practices, develop summary reports, and jointly presents findings. The resulting data provides trend information, and guidance for school policy, program development and evaluation. The HHI funds significant portions of the surveillance studies to learn more about the health behaviors of middle and high school students. The YRBS and Youth Tobacco Surveillance Study provide outcome measures used widely by the Department and other government and non-government agencies.
- ❖ HHI created the Safety and Wellness Survey (SAWS) in partnership with the DOE to track multiple health, wellness and safety indicators at the school level. School principals are responsible for completing this annual survey which provides feedback to program managers on the areas schools may need additional support, and also if they are in compliance with the Wellness Guidelines. Select SAWS indicators will also be included in the DOE's annual Trend Reports.

II. **Community-Based Initiatives**

The design of our communities including neighborhoods, cities, transportation systems, parks, trails and other public recreational facilities affect the ability of people to reach the recommended minutes of physical activity. The availability and accessibility of healthy foods in the workplace, schools and neighborhoods impact food options.

HHI has worked extensively to increase awareness and understanding on how the physical design of the built environment impacts opportunities for daily physical activity:

- ❖ Beginning in March of 2007, HHI provided the expertise of Mark Fenton, an engineer and nationally recognized expert on walkable communities, to work with the Hawaii County Planning Office as they went through the process of collecting input from residents and creating their Community Development Plans. Through the community participatory process a list of 11 recommendations was created. Since then, HHI has provided the following support:
 - Collaborated with the Hawaii County Planning Department, to establish and fund a Balanced Transportation Coordinator position. This position will be responsible for initiating the development, coordination and implementation of a county wide program that insures bicycle, pedestrian and non-motorized transportation modes of travel are integrated into the Hawaii Island infrastructure. In addition, they will serve as a liaison between several agencies, including, but not limited to the Departments of Transportation, Transportation Services, Public Works and Health.
 - Contracted with People's Advocacy for Trails Hawaii (PATH) to develop a comprehensive Safe Routes to School (SRTS) Walking School Bus Toolkit specifically addressing the unique needs of Hawaii schools.
 - With technical support provided by HHI, the Hawaii Island Balanced Transportation Coalition developed a short term action plan with SRTS as the programmatic priority:
 - Convene a SRTS workgroup
 - Attend a National SRTS instructional workshop

- Launch a Hawaii Island workshop series
 - Submit an application for SRTS funding
- ❖ HHI, in partnership with the Maui County Physical Activity and Nutrition Coalition, conducted Active Living Community Workshops in Maui County from June 2 to 6, 2008. Four community workshops were held, two on Maui and one each on Molokai and Lanai. In addition, a train-the-trainer and a strategic planning session was held for the Maui Physical Activity and Nutrition Coalition.

Following a week of training sessions and workshops, HHI facilitated a Maui County Leadership Breakfast which included elected officials, business leaders, planners, developers, state and county agency officials, and representatives from community organizations. The breakfast workshop opened the dialog between community leaders in Maui County around the need for innovative approaches to community design and to explain the role of public health in supporting these strategic environmental and policy changes.

Based on the information from the weeklong workshops, five recommendations were developed and shared with all of the participants. Since then, the Maui Nutrition and Physical Activity Coalition has taken these recommendations and begun work in the areas of worksite wellness and the built environment.

- ❖ From August 5 to 7, 2008, HHI conducted Policy workshops with community agencies on Oahu. The meetings were facilitated by Mark Fenton to help organizations identify their role in addressing the built environment to promote physical activity. The organizations that participated were the State Physical Activity and Nutrition Coalition, the YMCA, Hawaii Bicycling League and One Voice for Livable Islands. A workshop held at the end of the week gathered representatives from the four organizations to share information about their agencies, and discuss ways in which they could work together and continue to partner on built environment issues.
- ❖ “Achieving Complete Streets through Safe Routes to School Workshop” was conducted on October 9, 2008 as a follow up to the strategic planning sessions. This session brought together community advocates, elected officials, and representatives from the State Department of Transportation, Office of Transportation Services, Department of Education, City and County Department of Transportation Services and the Honolulu Police Department to consolidate efforts and move towards complete streets for everyone. At the end of the training, participants expressed interest in continuing the dialogue. HHI will serve as the facilitator to convene the diverse stakeholders with the goal of developing a plan and action steps necessary to achieving complete streets for the State of Hawaii.

HHI has developed tools, training and networking opportunities for agency and community members:

- ❖ The first Hawaii Physical Activity and Nutrition Plan (PAN Plan) provides strategies to increase physical activity and improve nutrition in order to reduce overweight, obesity and chronic disease among Hawaii residents. The PAN Plan was created by over 100 contributors representing health insurance carriers, hospitals, community organizations, non-profit organizations, and state and county governments. Since the unveiling of the PAN Plan in late August 2007, a number of its recommended strategies have been implemented by different agencies including walkable community workshops, the first ever Physical Activity and Nutrition Summit, rollout of the Wellness Guidelines in all public schools, and the unveiling of a Weight Management Toolkit for pediatricians.
- ❖ In 2008 the PAN Plan received the Gold Award in the Annual Reports and other Major Reports Category from the National Public Health Information Coalition.
- ❖ The Hawaii Physical Activity and Nutrition Surveillance Report was released in March 2008 and serves as a companion document to the PAN Plan. The report takes an in-depth look at the

physical activity and nutrition data currently available in Hawaii. The report provides information on the various counties, sub-counties, as well as, demographics, such as ethnicity and educational level. The report also shares new data on hospital-related costs attributable to physical inactivity and the potential cost savings of a physically active population.

- ❖ The first Physical Activity and Nutrition Summit (PAN Summit), “Good Health: The Ultimate Bottom Line” gathered together over 300 representatives from businesses, schools and community agencies to showcase systems of change models and best practices in physical activity and nutrition in Hawaii and in the nation. During the October 2007 PAN Summit participants were provided the opportunity to form partnerships and develop strategies to improve the health of Hawaii’s people. National and local experts presented and were on hand to discuss issues and ideas. All PAN Summit information is available online at www.healthyhawaii.com, including summit presentations and toolkits.
- ❖ Two pre-summit workshops were conducted in August 2007 to build the capacity among existing partners and potential partners to work together on physical activity and nutrition strategies.
 - “Earning Healthier Profits with Healthy Designs” targeted planners and developers, such as Bishop Estate and Kaneohe Ranch, for a half day session to learn the public health perspective on designing communities. The participants learned why public health is supporting mixed use developments since it allows people to walk safely from their homes to schools, parks and businesses and ideas on increasing pedestrian and bike access and safety at selected Oahu neighborhoods. All participants agreed that the workshop provided strategies for improving the built environment to promote physical activity.
 - “Social-Ecological Approaches to Increasing Physical Activity and Improving Nutrition” targeted community agencies. Thirty-five agencies were trained on the social-ecological model and developing logic models as tools for program design and evaluation. By providing professional development to our partners and community agencies, HHI is working to increase the number of agency partners that will participate in implementing the PAN plan strategies.
- ❖ Along with the Advocacy Workshops in August, a presentation was conducted with the Aina Haina Community Association as part of a follow-up to discussions started at the 2007 PAN Summit. Community members voiced frustrations over the proposed re-development of their neighborhood shopping center and were interested in learning what their options were in order to become partners in the planning, design, and construction of the project. The group came away with some specific strategies for working with the developers and the planning department to maintain the “Village Center” feel and incorporate active living design features into the development. Since then, the planning department provided additional guidance to the neighborhood association and the developer publicly presented their preliminary plans for the shopping center.
- ❖ During March 15 to 19, 2008, HHI conducted Post-Summit Active Living Workshops in Leeward Oahu to engage and equip community members to understand the role the built environment has in supporting physical activity daily. Workshops were conducted at Makaha Elementary, Nanaikapono Elementary, Keone`ula Elementary and Kapolei High School. During the week two train-the-trainer sessions were also conducted and allowed participants opportunities to hone their facilitation skills.
- ❖ As a follow up to the 2007 PAN Summit, in 2008 a Physical Activity and Nutrition (PAN) Forum was conducted, “Good Health: Creating Active Living Communities.” The Forum reconvened representatives from businesses, schools, government, and community agencies who attended the 2007 Summit and provided updates on the years’ progress. Topics included the evaluation of the State PAN Plan and a panel session with information on worksite wellness, the built environment, school wellness, and the nutrition and physical activity coalitions. The talk show formatted lunchtime discussion challenged participants to prioritize between innovative policies to promote physical activity in Hawai’i. The PAN Forum presentations and notes are also available online at www.healthyhawaii.com.

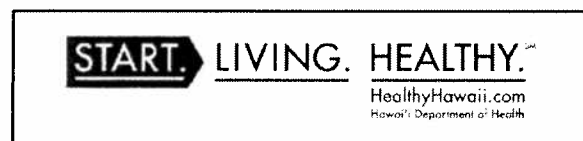
- ❖ HHI is supporting the development of the State and County Nutrition and Physical Activity (NPAC) coalitions to enable partners to network towards social and policy changes. Currently, the State NPAC, Maui County NPAC and the Island of Hawaii NPAC have created steering committees, built their membership, developed task forces, and are continuing to develop. In FY09 recruitment for the Kauai County coalition coordinator will be completed and coalition building will begin on Kauai.
- ❖ In order to increase awareness around physical activity and nutrition programs, projects and initiatives both in our State and nationally, HHI established a quarterly newsletter. It has since provided a method of creating linkages for physical activity and nutrition professionals as well as others interested in these issues. Past issues can be found on www.healthyhawaii.com

HHI provides technical assistance and funding for interventions that support physical activity and nutrition to create lasting changes that can be replicated and used by other communities and institutions.

- ❖ Children will have more physical activity and nutrition education in their communities. With HHI funding, and through a partnership between UH Kinesiology and Leisure Sciences Department and the City and County of Honolulu's (C&C) Parks and Recreation summer program, 7 participating sites received training, curriculum and materials to support inclusive physical activity and nutrition education. The two curriculums are evidence-based, evaluated for effectiveness and fun for children. The nutrition curriculum was also revised and tailored for K-2nd graders and 3rd-6th graders. The program ran for 6 weeks and feedback from both the participants and leaders were positive. By the end of summer, approximately 7,000 children were able to participate. The park directors were so enthusiastic about the program that other directors on the island are interested in implementing the program as well.
- ❖ After completing an intra-agency pilot worksite wellness intervention, the DOH continues to promote stairwell use within Kinau Hale as a measure to encourage physical activity into the day. During FY09 HHI will work with State agencies and unions to identify policies that could help support a healthier workplace and work together to develop a worksite wellness program for all State employees. As a result of the worksite wellness pilots conducted in the DOH in FY08 the Administration introduced SB3078 that would provide immunity to state and county agencies from liability for injury that occurs when employees voluntarily participate in worksite wellness programs. The measure which did not pass received the support of the Hawaii Government Employees Association and the Hawaii State Teachers Association.

III. Public and Professional Education

The HHI public education campaigns are designed to increase knowledge and change attitudes. Social marketing is the integration of the media messages with school and community level interventions, and systems and policy changes. HHI conducts surveillance and research to develop new social marketing campaign strategies.



- ❖ In 2007, HHI launched two new social marketing campaigns. "Step It Up!" encouraged adults to walk at least 30 minutes a day and "Fruits and Veggies. Good Choice!" encouraged adults to eat one more serving of fruit and one more serving of vegetables every day.
- ❖ In 2008, the Fruits & Veggies. Good Choice! won the bronze award in the Information Campaigns Category from the Nation Public Health Information Coalition.
- ❖ Building on the high levels of recognition (over 70%) created in 2007, the campaigns were continued in 2008 to reinforce the messages of positive behavioral change.

- ❖ In 2008, the “Step It Up!” walking campaign included advertising and community events, such as the Walk @ Lunch event in downtown Honolulu, and walks on the neighbor islands at each of the District Health Offices. King Kaumuali'i Elementary School participated in “Step It Up @ School”, a walking program where students logged the number of times they walked the quarter mile track set up on campus.
- ❖ During the walking campaign, the public was invited to attend Active Living Community Workshops held on the Leeward Coast of Oahu.
- ❖ In 2008, the “Fruits and Veggies. Good Choice!” information campaign received an Award for Excellence in Public Health Communication from the National Public Health Information Coalition.
- ❖ For the 2008 “Fruits and Veggies. Good Choice!” campaign DOH partnered with six grocery stores that promoted and provided discounted prices on fruits and vegetables, point of decision prompts, food samples, healthy cooking demonstrations and farmers’ markets events.
- ❖ The HHI worked with the Hawaii Theater for Youth to create a “playlet” promoting participation in a poetry contest that used fruits and vegetables as the topic. The “playlet” was performed after the “Maui versus Hercules” play and was performed for elementary level students, as well as public audiences, across all islands in the 2007 to 2008 school year.
- ❖ HHI was an Olelo Youth Xchange Video Competition sponsor in 2008. The Olelo competition provides opportunity to stimulate dialogue among students on issues important to them. Students from elementary to secondary public, charter, private and home schools are eligible. Students developed 30 second TV ads that encouraged children and youth to meet recommendations for eating at least five servings of fruits and vegetables a day, and ads that promoted 60 minutes of physical activity a day for children and youth.
- ❖ HHI developed a six year social marketing strategy for 2009 to 2014 after studying surveillance and evaluation results and analyzing these against current health promotion research with some of the foremost experts in public health promotion. HHI is reworking the FY09 request for proposal on a leaner budget in light of the current fiscal constraints. HHI will innovate to create touch points with the public to turn the trend on adult and childhood obesity.
- ❖ HHI is funding an effort through the Pediatrics Department of the University of Hawaii, John A. Burns School of Medicine (JABSOM) for the prevention and intervention of childhood obesity through physicians in the community and to train medical students enrolled in JABSOM. Deliverables will include physician training, tool kits for physicians and easy-to-understand informational brochures for patients. The goal is that these anticipatory guidelines and practices will be institutionalized into the JABSOM pediatric residency training.

IV. Nutrition Education Network

Recognizing that nutrition education is an essential element in the campaign to reduce the high risk of obesity and chronic disease in low-income populations, HHI continues its Memorandum of Agreement with the Department of Human Services’ Supplemental Nutrition Assistance Program to implement the USDA SNAP Nutrition Education Network (NEN) program in Hawaii. The NEN is a federal reimbursement program which provides expanded funding to programs providing nutrition education to the SNAP eligible population. For federal fiscal years (FFY) 2007 and 2008 HHI received approximately \$815,240 in reimbursements of which community-based projects received \$316,663. These dollars represent maximizing on federal dollars for both state and local level activities in nutrition education for populations of our residents that are most vulnerable for multi-generational risks for health disparities due to poor nutrition and sedentary lifestyles.

- ❖ In FFY 2008, HHI expanded its infrastructure for recruiting participation in the NEN, training, planning, accounting, evaluation and reporting to USDA. Partnerships are established with the Department of Human Services, the University of Hawaii Cooperative Extension program, the

neighbor island District Health Offices and the Department of Education and HHI NEN has an increased role in fiscal processing of federal reimbursements. TSSF supported staffing time to support this program is reimbursable and the federal dollars are used to pay for increases in NEN dedicated staff, resources and activities.

- ❖ In FFY 2007, KTA Superstores on Hawaii Island provided in-store nutrition education through colorful point-of-decision (POD) making displays, sales and advertising of fruits and vegetables, food demonstration, grocery bag stuffers featuring recipes of the sales items, and POD messages on the sales receipts. In FFY 2008, NEN contracted the UH College of Tropical Agriculture and Human Resources (CTAHR) Cooperative Extension to pilot grocery store tour adjuncts to nutrition education in the KTA stores. Emphasis was placed on promoting consumption of a variety of forms of fruits and vegetables; fresh, frozen, canned, dried, and 100% juices. Nutrition information, selection and storage tips, preparation suggestions, and seasonal best values were also included. KTA provided \$5 coupons to encourage participation.
- ❖ In school year 2007 to 2008 Waimanalo Elementary and Intermediate School initiated a three-year comprehensive garden to table project that includes integrating growing local fruits and vegetables, nutrition education, and food preparation lessons that is aligned with the Hawaii Department of Education health education standards. The deliverables include a curriculum that can be replicated and is culturally appropriate to Hawaii. 2008 is the second year of the project which consists of piloting lessons developed in Year One in the classroom and complete development of a set of nine lesson modules to comprise a year-long curriculum.
- ❖ Beginning October 2007, two community agencies on Oahu are participating in the NEN, Kalihi Palama Health Center (Kalihi Palama) and Waianae Coastal Comprehensive Center.
- ❖ In FFY08, Kalihi Palama successfully developed a Nutrition Education Toolkit and implemented its nutrition education program in various existing patient programs throughout KPHC. The toolkit consists of nutrition education modules that are culturally tailored and appropriate for Kalihi Palama's multi-ethnic low health literacy populations. Community Food and Fitness modules were also developed as part of the toolkit, and are designed to bring nutrition education to community and cultural events. A training curriculum is being developed to train staff and volunteers to conduct the Community Food and Fitness modules in settings external to the community center. In addition, KPHC is developing two nutrition web pages to add to their website. The FFY08 Kalihi Palama project was so successful that Kalihi Palama has since launched a continuation of the project for FFY09. Project Zest, will build upon the FFY08 program by modifying and enhancing the project to improve its effectiveness to reach the target population.



- ❖ In October 2007 Waianae Coast Comprehensive Health Center (WCCHC) implemented their Nutrition Education Program, Ke Ala Hou. WCCHC developed bi-monthly nutrition education classes using a curriculum adapted from the Diabetes Prevention Program's "Lifestyle Balance: Healthy Eating – Being Active". Sessions included food demonstrations and taste testing featuring simple recipes using healthy fruits and vegetables and educational messages on the role diet and exercise play in disease prevention and wellness. Supermarket tours and vegetable gardening workshops were also offered as part of the program.
- ❖ In 2007 Kauai launched a variety of pilot projects and in 2008 Kauai, Maui and Hawaii Island are participating through District Health Office led nutrition education activities and school projects.

V. Surveillance, Assessment, Evaluation and Research

From inception HHI was designed to be an outcome-based project. Capacity building for the public health profession was a concern so the DOH developed the Social Epidemiology Project (SEP) with the UH JABSOM, Department of Public Health Sciences (DPHS). The DOH continues to support the rebuilding of the public health program in the UH by supporting two faculty positions, evaluation associates and graduate assistants. Graduates of the DPHS are now in the Hawaii workforce supporting public health. The SEP provides evaluation of all HHI interventions and with HHI publishes findings to contribute to the body of knowledge on primary prevention of obesity and chronic disease. With the publication of evaluation studies, HHI is recognized nationally for its comprehensive science based approach to health promotion and receives referrals and inquiries from other state and national organizations.

To further increase public health capacity, the Science and Research Group (SRG) was established in HHI. The SRG is responsible for the Hawaii Health Data Warehouse (HHDW) that holds the major data sets collected by the Department. The HHDW uses technology to optimize and streamline access to data for research, planning, report writing, policy analysis and resource management. The SRG is developing information governance and data standards for collection, application and dissemination. Through the partnership with OPHS, SRG will also identify and train a corps of experts within the DOH who will use the HHDW and provide scientific guidance to their divisions. While increasing the capacity in the DOH, the SRG and the HHDW website is enhancing the ability of HHI to provide the assessment of need for interventions and to model rigorous standards for implementation and evaluation.

The SRG is currently building the Hawaii Health Emergency Surveillance System (HHESS). The HHESS will be an automated emergency surveillance tool that will enhance the Department's capability to detect disease outbreaks and potential bioterrorism events at the earliest possible moment. The HHESS will use statewide emergency department and hospital admission data on a near real-time basis to detect spikes in patient chief complaints that may indicate an impending outbreak such as influenza or food born illness. The HHESS will function as part of Hawaii's preparedness system. The HHESS is being built on a platform that will support other uses. For example, the HHESS will provide the infrastructure to support a statewide trauma registry. Besides being an early warning system HHESS will increase the ability of the DOH to provide retrospective studies of public health events and inform how to improve services across the spectrum of prevention.

The SRG will publish the first issue of the Hawaii Journal of Public Health (HJPH) in December, 2008. The HJPH is a collaborative effort between the Department and OPHS. The HJPH will provide a vehicle for the dissemination and sharing of public health research and practice pertinent to Hawaii.

DOH HHI Funded Tobacco Prevention and Control Efforts

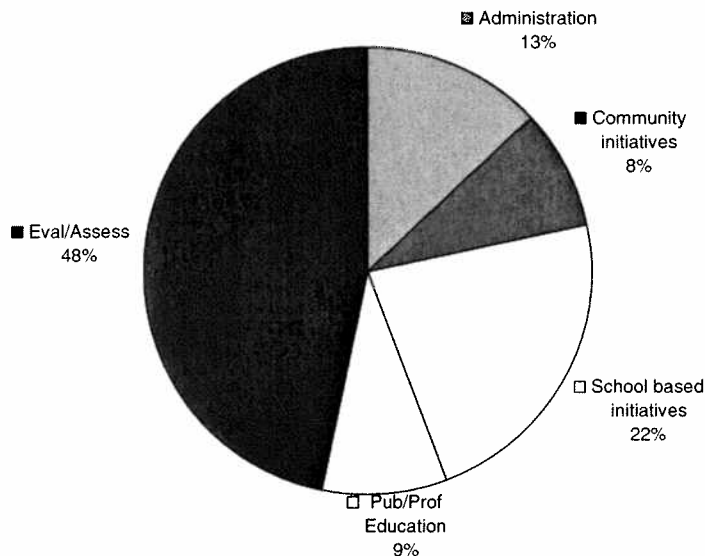
HHI provides funding for surveillance and technical assistance to other divisions for tobacco prevention and control efforts. The TPEP in the Community Health Division and ADAD receive funding and support.

- ❖ The Tobacco Prevention and Education Program media campaigns provide counter-marketing messages to prevent youth initiation and to reduce the effects of second hand smoke. From 2000 to 2007 youth smoking has dropped dramatically and those reporting having ever smoked continue to decline.
- ❖ The TPEP public service announcement on the one year anniversary of the smoke free law won the 2008 Silver Award for the TV Media Category from the National Public Health Information Coalition.
- ❖ HHI continues to fund the Alcohol and Other Drugs Division efforts to enforce youth tobacco access laws. At 8.7% Hawaii continues to have one of the lowest retail violations rates in the nation.
- ❖ The Youth Tobacco Survey is conducted every other year and administered with the YRBS.
- ❖ The UH SEP and SRG provides assessment, epidemiological and evaluation guidance and support for the trust funded activities and to coordinate these with the DOH HHI funded efforts.

DOH HHI Expenditures

The DOH HHI expended \$10,783,174 in FY08. The expenditures are inclusive of the \$562,438 expended by TPEP (approved budget was for \$900,000), \$366,827 expended by ADAD, and \$72,390 by the Office of Health Equity. Areas where spending was not on target were in public education, community initiative activities and professional education components. While mass media is one component of the DOH HHI public education social marketing strategy and of the TPEP tobacco prevention efforts, the media buys were not approved during the final quarter of FY08. The DOH HHI received fewer responsive proposals than anticipated for the FY08 community initiative RFP. The approval process for several contracts took longer than expected and delayed the timeline of implementation of several key activities, significantly, the PAN coalition development and professional education with the UH JABSOM Department of Pediatrics.

DOH HHI Expenditures



The Tobacco Prevention and Control Trust Fund

The Hawaii Community Foundation (HCF) invests and administers the Tobacco Prevention and Control Trust Fund (Trust Fund) which receives 12.5% of the TSSF. An eleven-member advisory board provides strategic direction to the DOH on the use of the money. Through a contract with DOH, HCF is responsible for (1) administration of all Trust Fund activities, (2) management of the investment portfolio, and (3) design and delivery of the Trust Fund's competitive grantmaking activities.

The Trust Fund's grant making program is based on the goals identified in the "Tobacco Prevention and Control in Hawaii, 5-year Strategic Plan for the State of Hawaii" that was adopted by the Tobacco Prevention and Control Advisory Board.

1. Identify and eliminate the disparities related to tobacco use and its effects among different population groups
2. Promote quitting among young people and adults
3. Prevent the initiation of tobacco use among all of Hawaii's people
4. Eliminate nonsmokers' exposure to second hand smoke
5. Create a social climate in which tobacco use becomes less desirable and acceptable, counteracting the influence of the tobacco industry

In the course of eight years HCF over \$25.7 million from the Trust Fund has supported a variety of tobacco prevention and control programs and activities:

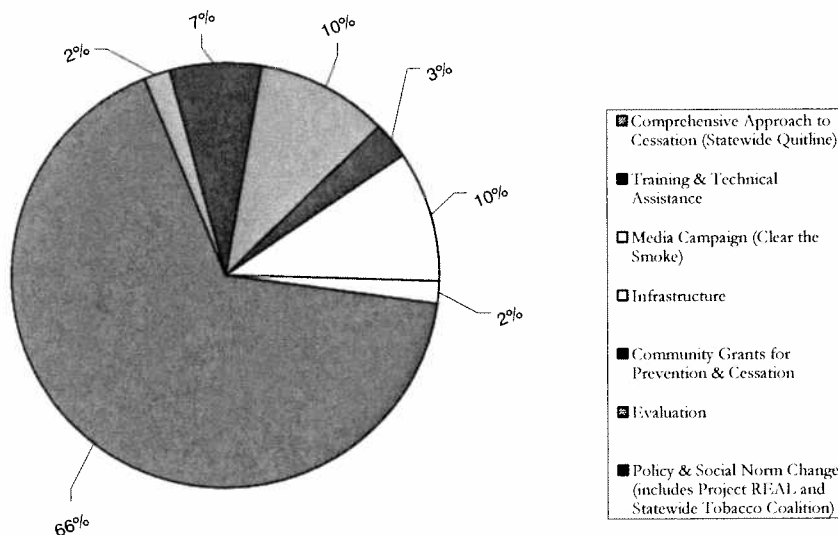
- Hawaii State Quitline,
- Clear the Smoke anti-tobacco media campaign,
- Social norm change and policy change activities through coalition activities,
- Evaluation, and

- HCF's community grants program
- Infrastructure development

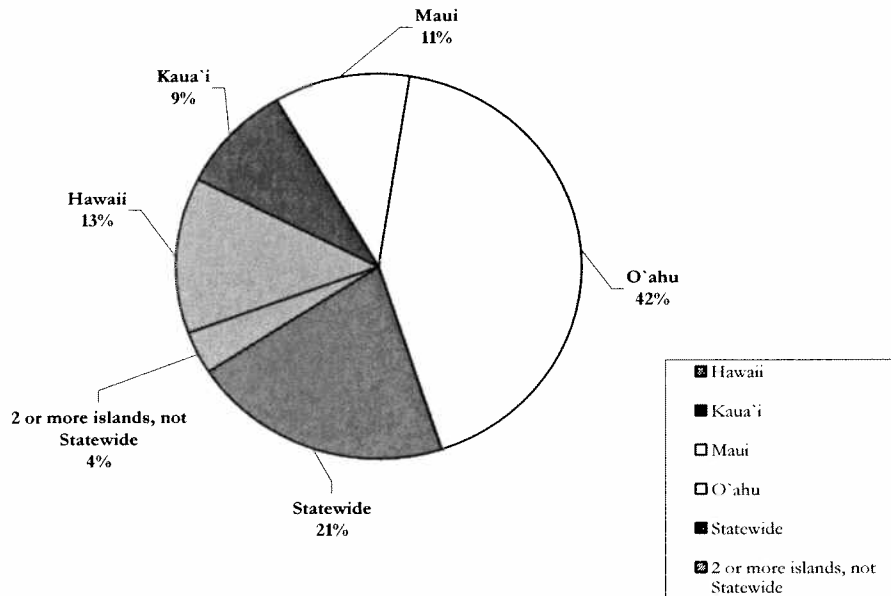
Consistent with the 5-Year Strategic Plan, special efforts have been made to reach and provide prevention and cessation services to disparate populations; those communities or groups that continue to have the highest smoking prevalence rates in the state. The statewide Quitline, launched in 2004, has serviced nearly 25,000 smokers in the state. The Clear the Smoke campaign keeps the issue of smoking and second hand smoke as a high profile issue. 85% of smokers reported seeing the most recent Clear the Smoke campaign messages and 65% of the callers to the Quitline during the campaign said they had seen one of the ads. Strong advocacy and public education has led to comprehensive tobacco control laws; increases in sales tax on cigarettes, sales restrictions to minors, and smoke free workplaces.

Since the Fund was created, HCF has awarded over \$17 million in community grants (66% of all the activities funded through the Trust Fund) in support of tobacco prevention and control programs. To date HCF has conducted seven competitive grantmaking rounds.

2001-2007 Expenditures for all Trust Fund Activities



2001-2007 Tobacco Trust Fund Grants Awarded Geographically



Organizations funded by the Tobacco Prevention and Control Trust Fund

Aloha Pride Center (Formerly called The Center)	Grassroots Community Development Group/DBA Ola'a Community Center	Palama Settlement
American Cancer Society	Hale Kipa, Inc.	Papa Ola Lokahi
American Lung Association	Hawai'i State Primary Care Association	Parents and Children Together
Boys & Girls Club of Hawaii	Hawaii Youth Services Network	The Hawaii Academy of Family Physicians Foundation
Boys & Girls Club of Maui, Inc.	Healthy Mothers, Healthy Babies Coalition of Hawaii	The Queen's Medical Center
Boys and Girls Club of the Big Island	Ho ola Lahui Hawaii	The Salvation Army
Castle Medical Center	Hui Malama Learning Center	The Salvation Army - Family Intervention Services
Child and Family Service	Hui Malama Ola Na Oiwi	University of Hawaii - Office of Research Services
Coalition for a Drug Free Hawaii	Kalihi-Palama Health Center	University of Hawai'i at Hilo
Aloha Pride Center (Formerly called The Center)	Kauai Economic Opportunity, Inc.	Waianae Coast Community Mental Health Center, Inc.
Community Clinic of Maui Inc.	Kauai Rural Health Association	Waianae District Comprehensive Health & Hospital Board, Inc.
Community Links Hawaii	Kokua Kalihi Valley Comprehensive Family Services	Waipahu High School
Friends for Fitness	Maui Economic Opportunity, Inc.	West Hawaii Community Health Center
Friends of Operation Manong	Maui Youth & Family Services	West Hawaii Tobacco-Free Coalition
Friends of the Future	Paia Youth Council, Inc.	Wilcox Health Foundation